

[illegible]

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
	This report is the result of a follow up revisit survey conducted on May 11, 2023, at Dermatology and Cosmetic Surgery Center as a result of a licensure survey that was conducted on November 11, 2022. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.				
S 0150		S 0150			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0150	Continued from page 1 551.64 Content of plan of correction 551.64 Content of Plan of Correction A plan of correction shall address deficiencies cited in the compliance directive of the Department. the plan shall state specifically what corrective action is to be taken, by whom and when. This REGULATION is not met as evidenced by:	S 0150	Reviewed with Senior staff We are currently working with our Electronic Health Record company to revise the surgical note to add the ability to date and authenticate all phases of the patient surgical stay. 1. Due to the complexity of the revision and training of staff that is involved in patient care, this will be completed by 7/1/2023. 2. Once completed, this will become an ongoing monitor for compliance within our QA committee 7/2023 and reviewed and reported on a monthly basis. Audit Criteria a. Goal will be 100% compliance to this standard. b. 100% of all surgical records will be reviewed on a monthly basis for compliance to this standard. c. Once the goal has been reached	Completion Date: 07/01/2023 Status: APPROVED Date: 05/26/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0150	Continued from page 2	S 0150	on a consistent basis, 50% of the surgical records will be included in the review monthly. d. This will be an ongoing monitor and reported using the 10-point template that identifies issues/ problems/and resolution.		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0150	<p>Continued from page 3</p> <p>Based on an unannounced follow-up survey conducted on May 11, 2023, review of facility's plan of correction (POC), review of documents provided by the facility, review of medical records (MR), and staff interview (EMP), it was determined that the facility failed to follow the POC submitted to as accepted by the department.</p> <p>Findings include:</p> <p>Review of the Entries POC, revealed that the facility is out of compliance with the submitted POC. The final anticipated completion date was January 2023, with the POC accepted on December 22, 2022.</p> <p>The POC specified " ...A revision of the surgical note will be done to clearly demonstrate the approved authentication process for all phases of the patient ' s surgical stay 1/2023 for all surgical staff involved in the care of the patient ...</p> <p>On May 11, 2023, review of policy " Entries in the</p>	S 0150			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0150	Continued from page 4 Medical Record " , last approved 1/9/2023, revealed " ...Entries in the medical record should be dated and authenticated by the person making the entry ...A single signature on the medical record does not suffice to authenticate the entire record. Each entry should be individually authenticated ... " . On May 11, 2023, review of MR1, MR2, MR3, MR4, and MR5 revealed one electronic signature at the end of the record by the physician authenticating all of the physician's electronic entries to the record. On May 11, 2023, at 11:55am, EMP1 confirmed the above findings.	S 0150			
S 6415		S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6415	Continued from page 5 563.13 (c) Entries 563.13 Entire (c) A single signature on the face sheet of a record does not suffice to authenticate the entire record. Each entry shall be individually authenticated. This REGULATION is not met as evidenced by:	S 6415	Reviewed with Senior staff We are currently working with our Electronic Health Record company to revise the surgical note to add the ability to date and authenticate all phases of the patient surgical stay. 1. Due to the complexity of the revision and training of staff that is involved in patient care, this will be completed by 7/1/2023. 2. Once completed, this will become an ongoing audit for compliance within our QA committee 7/2023 and reviewed and reported on a monthly basis. Audit Criteria a. Goal will be 100% compliance to this standard. b. 100% of all surgical records will be reviewed on a monthly basis for compliance to this standard. c. Once the goal has been reached	Completion Date: 07/01/2023 Status: APPROVED Date: 05/26/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6415	Continued from page 6	S 6415	<p>on a consistent basis, 50% of the surgical records will be included in the review monthly.</p> <p>d. This will be an ongoing monitor and reported using the 10-point template that identifies issues/problems/and resolution.</p>		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6415	<p>Continued from page 7</p> <p>Based on review of facility documents, review of medical records (MR), and interview with facility staff (EMP), it was determined that the facility failed to ensure that each entry was individually authenticated for five of five medical records reviewed (MR1, MR2, MR3, MR4, and MR5).</p> <p>Findings include:</p> <p>On May 11, 2023, review of policy "Entries in the Medical Record", last approved 1/9/2023, revealed "...Entries in the medical record should be dated and authenticated by the person making the entry ...A single signature on the medical record does not suffice to authenticate the entire record. Each entry should be individually authenticated</p> <p>On May 11, 2023, review of MR1, MR2, MR3, MR4, and MR5 revealed one electronic signature at the end of the record by the physician authenticating all of the physician's electronic entries to the record.</p>	S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001078	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 NORTH WREN DRIVE PITTSBURGH, PA 15243			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6415	Continued from page 8 On May 11, 2023, at 11:55am, EMP1 confirmed the above findings.	S 6415			



Certified End Page

DERMATOLOGY & COSMETIC SURGERY CENTER, P.C.

STATE LICENSE NUMBER: 10721500

SURVEY EXIT DATE: 05/11/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY